

UNITED STATES DISTRICT COURT

for the

Western District of Missouri

Central Division

Case No. _____

(to be filled in by the Clerk's Office)

Tere'l Andre Tipton

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Shanika Ward
Nathaniel Decker
Sgt. Ashley

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Defendant No. 3

Name Sgt. Ashley
 Job or Title (if known) Correctional Officer 2/Sergeant
 Shield Number Unknown
 Employer Missouri Dept of Corrections
 Address 2729 Plaza Drive P.O. Box 236
Jefferson City MO 65102
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name _____
 Job or Title (if known) _____
 Shield Number _____
 Employer _____
 Address _____

City State Zip Code
☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Assault & battery

My Eighth Amendment was violated, ~~not protected from excessive force~~

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

MDOC Employee ~~Scott~~ Schorhen Ward was acting in her official capacity
MDOC Employee Nathaniel Lecker was acting in his official capacity
MDOC Employee Sgt. Axtley was acting in his official capacity

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Jefferson City Correctional Center
Main Rec yard in front of entrance to handball court
Around 10:15am

C. What date and approximate time did the events giving rise to your claim(s) occur?

September 24, 2021
approximately 10:15 am

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

While I was standing up facing the fence with my hands behind my back handcuffed C.O. Ward pepper sprayed me directly in my eyes and mouth less than 3 feet away. Before Ward sprayed me she told Sgt. Ashley Decker and they did not stop her or say anything. Instead of escorting me to medical to get my eyes irrigated Sgt. Ashley, C.O. Decker took me to F-house cage & locked me in there handcuffed for an hour before a nurse medically assisted me. A yard camera saw offender Javon Tiger saw what happened, what happened

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Temporary loss of vision. eye irrigation not received by medical
Pain in eyes, Face, Chest. Decontamination not received
Shortness of breath for almost an hour.
anxiety
depression
shock

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See attached next page

VI Relief

A² Issue a declaratory judgement stating that:
defendant Ward physical abuse of the plaintiff
Violated the plaintiffs rights under the Eighth
Amendment to the U.S. Constitution and constituted
an assault and battery under State law.

2) Defendant Ashley, Decker, Ward actions in failing
to provide adequate medical care for plaintiff
Violated the plaintiffs rights under the Eighth
Amendment to the U.S. Constitution.

B.1) Award compensatory damages in the amounts:

1) \$300,000 ~~against defendant~~ against defendant
Ward for the physical and emotional injuries
sustained as a result of Plaintiffs assault.

3) \$30,000 jointly and severally against defendants
~~Ward~~, Ashley, Decker for the physical and emotional
injuries resulting from their ~~joint~~ failure
to provide adequate medical care to
the plaintiff.

C. Award Punitive damages in the following amount:

1. \$ 20,000 against defendant Ward

2. \$ 20,000 against defendants Ashley, Decker.

D.
1) Grant such other relief as it may appear
that plaintiff is entitled.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Jefferson City Correctional Center

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

deliberate indifference to medical needs
Excessive use of Force. Failure to protect,

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Jefferson City Correctional Center ^{3-house} caseworker

2. What did you claim in your grievance?

- I was assaulted by Officer Ward, ASGT. Ashley or Officer Decker did not stop her when she told them she was about to punch me.
- C.O. Doehner + SGT. Asher refused me immediate medical attention to irrigate my eyes + locked me in 7-house cage for about hour before medical came + did assessment.

3. What was the result, if any?

Grievance was not answered, I didn't get response.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I filed a Grievance appeal after the time limitation lapsed by policy for staff to respond.

My Grievance appeal was denied

The Grievance process was completed.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

See attached Attachment #1

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8-30-22

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Tereal Tipton

Tereal Tipton

1094527

8000 No More Actions Rd.

Jefferson City

City

MO

State

65101

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Michael L. Parson
Governor

Anne L. Precythe
Director



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Jefferson City, MO 65102
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Fax: 573-526-0880

State of Missouri
DEPARTMENT OF CORRECTIONS
"Improving Lives for Safer Communities"

GRIEVANCE APPEAL RESPONSE


January 21, 2022

Terel Tipton
Register #1294527
Jefferson City Correctional Center

RE: JCCC-21-1539
Use of Force
Received on January 19, 2022
Reviewed on January 21, 2022

Your appeal dated January 11, 2022, has been reviewed. Your inappropriate actions on September 24, 2021, resulted in a use of force. The use of force was reviewed and it was determined the force employed was that minimally necessary to control the incident and maintain good order and security. You failed to provide any evidence to support your complaint. Your appeal is denied.

**OFFENDER'S
COPY**


Jason Lewis
Deputy Division Director
Division of Adult Institutions

JL/js

Attachment #1